

THE CLEVELAND MUSEUM OF ART
 FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 6 to JUNE 14 1964

Born in Cleveland ☐ YES ☒ NO

F CIA

PLEASE
 LETTER
 PLAINLY
 OR TYPE

Collaborator if any

Artist

Address

2255 BELLFIELD CLEVE. HTS.

ZIP CODE

FIRST NAME

CUYAHOGA

COUNTY

LAST NAME

Tel. 932-2229

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank.

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
		\$275	LABYRINTH	SUMI INK	3	1552 A
		\$375 (375)	COAST PIECE	WATERCOLOR	2	1553 R
		350				

SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

PAID MAR 11 1964

SIGNATURE

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 MAY 6 to JUNE 14, 1964

Name

FIRST

LAST

TITLE	CLASS	JUROR'S MARK	
		ACCEPT-ED	REJECT-ED
LABYRINTH	3	1552 A	
COAST PIECE	2	1553 R	
MAY 12 1964			

PLEASE FILL OUT ALL BLANKS ABOVE.
 DO NOT DETACH FROM ENTRY BLANK.

This card will serve as your notification of acceptance and rejection and will be mailed to you by the Museum. You must present it to pick up rejected and accepted entries. RETURN DATES: Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance. REJECTED: May 9-23. ACCEPTED: June 19-July 4.

DO NOT WRITE IN THIS SECTION